

City Of Round Rock Human Resources 221 E. Main Round Rock, TX 78664	Phone: 512-218-5490 FAX: 512 -218 - 5493 Internet: <a href="http://www.ci.round-rock.tx.us">www.ci.round-rock.tx.us</a>
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NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
 (Last) (First) (Middle)

MAILING ADDRESS (Current): \_\_\_\_\_ / \_\_\_\_\_  
 (Number) (Street) (Apt #) (City) (State) (Zip)

TELEPHONE NUMBER: \_\_\_\_\_ OTHER CONTACT NUMBER: \_\_\_\_\_  
(Include Area Code) (Include Area Code)

E-MAIL ADDRESS: \_\_\_\_\_

Full Time ☐ Part Time ☐ Summer ☐ Temp/Project ☐ Date available for work: \_\_\_\_\_

Are you willing to work hours other than 8-5? YES ☐ NO ☐

Are you willing to work days other than Monday - Friday? YES ☐ NO ☐

Driver's License (if required for this position) \_\_\_\_\_ (State) \_\_\_\_\_ (Number)

☐ Class A      ☐ Class B      ☐ Class C      ☐ Class M

☐ Class A Commercial      ☐ Class B Commercial      ☐ Class C Commercial      ☐ Class M Commercial

Are you at least 16 years of age? YES ☐ NO ☐ Are you over 18? YES ☐ NO ☐

Have you ever been convicted of a felony? YES ☐ NO ☐ If your answer is "yes", explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case. A conviction may not disqualify you, but a false statement will.

**EDUCATION:** (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications and registrations.)

Circle Highest Grade Completed    1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate/achieve GED? YES ☐ NO ☐

[illegible]

**IF A LICENSE, CERTIFICATE, OR OTHER AUTHORIZATION IS REQUIRED OR RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING, COMPLETE THE FOLLOWING:**

LICENSE / CERTIFICATE (i.e. PE, RN, CPA, etc.)	DATE ISSUED	ISSUED BY (State or other Authority)	LICENSE NO.	LOCATION OF ISSUING AUTHORITY (CITY / STATE)

**Special Skills / Qualifications:** List all special skills you possess and machines or office equipment you can use, such as calculators, printing or graphic equipment, computer equipment, types of software and hardware, etc. \_\_\_\_\_

\_\_\_\_\_

Approximate W.P.M. in Typing \_\_\_\_\_ (if required for position)

Do you speak a language other than English? YES ☐ NO ☐

If "yes" what language(s) do you speak? \_\_\_\_\_  
How fluently? Fair ☐ Good ☐ Excellent ☐

Have you ever been employed by the City of Round Rock? YES ☐ NO ☐ If "yes", list the department / job title

\_\_\_\_\_  
DEPARTMENT JOB TITLE

Do you have relatives working for the City of Round Rock? YES ☐ NO ☐ If "yes" list the names, relationships, and job title of relative:

\_\_\_\_\_

**MILITARY SERVICE** (A copy of a report of separation from the Armed Services may be required)

Dates of Service: \_\_\_\_\_  
FROM / TO

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED**

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.
2. I understand that, as a condition for employment, I will be required to provide legal proof of authorization to work in the United States.
3. I understand that the City of Round Rock may check with the Texas Department of Public Safety and/or the Federal Bureau of Investigation for any criminal history in accordance with job requirements.
4. I understand that offers of employment are conditioned upon my passing a Drug Screening.
5. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

**THIS APPLICATION MUST BE SIGNED**

**SIGN HERE** 

\_\_\_\_\_  
(APPLICANT SIGNATURE)

\_\_\_\_\_  
DATE

## EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include All employment. Begin with your current or last position and work back to your first position.
2. Employment history should include each position held, even those with the same employer.
3. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
4. For supervisory/managerial positions, indicate the number of employees you supervised.

If you need additional space to adequately describe your employment history, you may use the employment continuation sheet or attach a typed employment history providing the same information in the same format as this application form.

NAME: \_\_\_\_\_  
Last
First
Middle
Social Security Number

<b>POSITION TITLE:</b> <b>EMPLOYER:</b> <b>MAILING ADDRESS:</b>  <b>TELEPHONE #:</b> <div style="text-align: center; font-size: small;">(include Area Code)</div>			<b>IMMEDIATE SUPERVISOR</b> NAME: TITLE: TELEPHONE #:		FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SUMMER <input type="checkbox"/> TEMP <input type="checkbox"/> PROJECT <input type="checkbox"/>
			<b>IS / WAS YOUR CURRENT / LAST POSITION</b> <div style="text-align: center;"> TECHNICAL <input type="checkbox"/>  NON-MANAGERIAL <input type="checkbox"/>  SUPERVISORY/MANAGERIAL <input type="checkbox"/> </div> IF THIS POSITION WAS SUPERVISORY, LIST THE # OF EMPLOYEES YOU SUPERVISED		
<b>START DATE</b> M / D / Y	<b>END DATE</b> M / D / Y	<b>CURRENT OR FINAL SALARY</b>			
<b>SUMMARY OF EXPERIENCE:</b>					
<b>SPECIFIC REASON FOR LEAVING:</b>					

<b>POSITION TITLE:</b> <b>EMPLOYER:</b> <b>MAILING ADDRESS:</b>  <b>TELEPHONE #:</b> <div style="text-align: center; font-size: small;">(include Area Code)</div>			<b>IMMEDIATE SUPERVISOR</b> NAME: TITLE: TELEPHONE #:		FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SUMMER <input type="checkbox"/> TEMP <input type="checkbox"/> PROJECT <input type="checkbox"/>
			<b>IS / WAS YOUR CURRENT / LAST POSITION</b> <div style="text-align: center;"> TECHNICAL <input type="checkbox"/>  NON-MANAGERIAL <input type="checkbox"/>  SUPERVISORY/MANAGERIAL <input type="checkbox"/> </div> IF THIS POSITION WAS SUPERVISORY, LIST THE # OF EMPLOYEES YOU SUPERVISED		
<b>START DATE</b> M / D / Y	<b>END DATE</b> M / D / Y	<b>CURRENT OR FINAL SALARY</b>			
<b>SUMMARY OF EXPERIENCE:</b>					
<b>SPECIFIC REASON FOR LEAVING:</b>					

## EMPLOYMENT HISTORY CONTINUATION SHEET

<b>POSITION TITLE:</b> <b>EMPLOYER:</b> <b>MAILING ADDRESS:</b>  <b>TELEPHONE #:</b> <div style="text-align: center;">(include Area Code)</div>			<b>IMMEDIATE SUPERVISOR</b> NAME: TITLE: TELEPHONE #: <hr/> <b>IS / WAS YOUR CURRENT / LAST POSITION</b> <div style="text-align: center;"> TECHNICAL <input type="checkbox"/>  NON-MANAGERIAL <input type="checkbox"/>  SUPERVISORY/MANAGERIAL <input type="checkbox"/> </div> IF THIS POSITION WAS SUPERVISORY, LIST THE # OF EMPLOYEES YOU SUPERVISED		FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SUMMER <input type="checkbox"/> TEMP <input type="checkbox"/> PROJECT <input type="checkbox"/> <hr/> AVERAGE NUMBER OF HOURS WORKED PER WEEK IF YOU WORKED PART-TIME
<b>START DATE</b> M / D / Y	<b>END DATE</b> M / D / Y	<b>CURRENT OR FINAL SALARY</b>			
<b>SUMMARY OF EXPERIENCE:</b>					
<b>SPECIFIC REASON FOR LEAVING:</b>					

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<b>POSITION TITLE:</b> <b>EMPLOYER:</b> <b>MAILING ADDRESS:</b>  <b>TELEPHONE #:</b> <div style="text-align: center;">(include Area Code)</div>			<b>IMMEDIATE SUPERVISOR</b> NAME: TITLE: TELEPHONE #: <hr/> <b>IS / WAS YOUR CURRENT / LAST POSITION</b> <div style="text-align: center;"> TECHNICAL <input type="checkbox"/>  NON-MANAGERIAL <input type="checkbox"/>  SUPERVISORY/MANAGERIAL <input type="checkbox"/> </div> IF THIS POSITION WAS SUPERVISORY, LIST THE # OF EMPLOYEES YOU SUPERVISED		FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SUMMER <input type="checkbox"/> TEMP <input type="checkbox"/> PROJECT <input type="checkbox"/> <hr/> AVERAGE NUMBER OF HOURS WORKED PER WEEK IF YOU WORKED PART-TIME
<b>START DATE</b> M / D / Y	<b>END DATE</b> M / D / Y	<b>CURRENT OR FINAL SALARY</b>			
<b>SUMMARY OF EXPERIENCE:</b>					
<b>SPECIFIC REASON FOR LEAVING:</b>					

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<b>POSITION TITLE:</b> <b>EMPLOYER:</b> <b>MAILING ADDRESS:</b>  <b>TELEPHONE #:</b> <div style="text-align: center;">(include Area Code)</div>			<b>IMMEDIATE SUPERVISOR</b> NAME: TITLE: TELEPHONE #: <hr/> <b>IS / WAS YOUR CURRENT / LAST POSITION</b> <div style="text-align: center;"> TECHNICAL <input type="checkbox"/>  NON-MANAGERIAL <input type="checkbox"/>  SUPERVISORY/MANAGERIAL <input type="checkbox"/> </div> IF THIS POSITION WAS SUPERVISORY, LIST THE # OF EMPLOYEES YOU SUPERVISED		FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SUMMER <input type="checkbox"/> TEMP <input type="checkbox"/> PROJECT <input type="checkbox"/> <hr/> AVERAGE NUMBER OF HOURS WORKED PER WEEK IF YOU WORKED PART-TIME
<b>START DATE</b> M / D / Y	<b>END DATE</b> M / D / Y	<b>CURRENT OR FINAL SALARY</b>			
<b>SUMMARY OF EXPERIENCE:</b>					
<b>SPECIFIC REASON FOR LEAVING:</b>					